



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 9317

Bib Data Sheet

SERIAL NUMBER 10/743,354	FILING OR 371(c) DATE 12/22/2003 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. PC31766A
------------------------------------	---	---------------------	-------------------------------	--

APPLICANTS

Mark L. Boys, Brighton, MI;
 Lori A. Schretzman, East Hanover, NJ;
 Michael B. Tollefson, Dardenne Prairie, MO;
 Nizal Samuel Chandrakumar, Grafton, MA;
 Ish Kumar Khanna, Libertyville, IL;
 Maria Nguyen, Ann Arbor, MI;
 Victoria L. Downs, Pinckney, MI;
 Scott B. Mohler, Chicago, IL;
 Glen J. Gesicki, Chicago, IL;
 Thomas D. Penning, Elmhurst, IL;
 Barbara B. Chen, Glenview, IL;
 Yaping Wang, Acton, MA;
 Albert Khilevich, Buffalo Grove, IL;
 Bipinchandra N. Desai, Vernon Hills, IL;
 Yi Yu, Glenview, IL;
 John A. Wendt, South Lyon, MI;
 Heather Stenmark, Chicago, IL;
 Hongwei Wu, Buffalo Grove, IL;
 Renee M. Huff, Park Ridge, IL;
 Srinivasan Raj Nagarajan, Chesterfield, MO;
 Balekudru Devadas, Chesterfield, MO;
 Hwang-Fun Lu, Ballwin, MO;
 Mark Russell, Gurnee, IL;
 Dale P. Spangler, San Diego, CA;
 Mihir D. Parikh, Chesterfield, MO;

** CONTINUING DATA *****

This appln claims benefit of 60/435,467 12/20/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 0	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

28940

TITLE

Heteroarylalkanoic acids as integrin receptor antagonists derivatives

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
--	---	--